

**Notice of Intent (NOI) To Operate  
Under NPDES General Permit # IDG-132001 for  
FISH PROCESSING FACILITIES in Idaho**

Submission of this document constitutes notice that the party identified under Operator Name intends to be covered by the general permit authorizing discharges from fish processing facilities in Idaho and obligates the operator (permittee) to comply with the terms and conditions of permit.

**Facility Owner/Operator Information**

<b>Operator's Name (Permittee):</b> Idaho Trout Company	<b>Phone:</b> 208-543-6444
<b>Address:</b> P.O. Box 72 Buhl, Idaho 83316	<b>Fax:</b> 208-543-8476
<b>Owner's Name:</b> American Falls - Aberdeen Ground Water District Bingham Ground Water District Magic Valley Ground Water District North Snake Ground Water District	<b>Phone:</b> 208-232-6101  208-232-6101
<b>Address:</b> Racine, Olson, Nye, Budge & Bailey, Ch c/o Randall C. Budge P.O. Box 1391 Pocatello, Idaho 83201	<b>Fax:</b> 208-232-6109 <b>E-mail Address:</b> <a href="mailto:rcb@racinelaw.net">rcb@racinelaw.net</a>

**Facility Information**

<b>Facility Name:</b> Idaho Trout Company Buhl Processing Center 1581 Clear Lakes Grade Buhl, Idaho 83316	<b>Phone:</b> 208-543-6444 <b>Fax:</b> 208-232-6109 <b>E-Mail:</b> <a href="mailto:rainbowtrout@idahotrout.com">rainbowtrout@idahotrout.com</a> <b>County:</b> Twin Falls
<b>Facility Manager (or Contact) and Address:</b> Dirk Bogaard P.O. Box 72 Buhl, Idaho 83316	<b>Phone:</b> 208-543-6444 <b>Fax:</b> 208-543-8476 <b>E-Mail:</b> <a href="mailto:rainbowtrout@idahotrout.com">rainbowtrout@idahotrout.com</a>
<b>Facility Latitude (New Permittees Only)</b> (to the closest 15 Seconds):	<b>Facility Longitude (New Permittees Only)</b> (to the closest 15 Seconds):
<b>NPDES Permit No.</b> IDG-132001	<b>Other Permit Number(s) Assigned to Facility &amp; S</b> IDG- 130011
<b>Date Facility was first operated, if known:</b>	

Received  
6-6-12  
A.W.

**Operations and Production Information**Total Number of outfall 1Number of laboratory outfalls: 0Number of other outfalls (explain) 0Number of fish processing lines: 5

Project the number of operating days for the facility on a monthly basis throughout the calendar year:

Month	01	02	03	04	05	06	07	08	09	10	11	12
# of Days	22	20	22	21	23	21	22	23	20	23	22	21

**Amount of Fish Processed**

List of species of fish processed at your facility. For each species, include projected weight in pounds processed for the five year term of the permit, based upon historical operations, planned changes, and/or design capacity.

Species:	Year One	Year Two	Year Three	Year Four	Year Five
Rainbow Trout	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000

**Disinfectants and Other Chemicals**

List all projected chemicals &amp; maximum daily amounts expected to be used in next 5 years (use an attachment, if necessary).

		Units
Name: <u>Aluma Safe Degreaser</u>	Maximum daily amount to be used	<u>1,000 ml</u>
Method of application: <u>Spray</u>	Maximum amount in effluent	<u>Not measureable</u>
Name: <u>DSQ-10 Sanitizer</u>	Maximum daily amount to be used	<u>60 ml</u>
Method of application: <u>Spray</u>	Maximum amount in effluent	<u>Not measureable</u>
Name: _____	Maximum daily amount to be used	_____
Method of application: _____	Maximum amount in effluent	_____
Name: _____	Maximum daily amount to be used	_____
Method of application: _____	Maximum amount in effluent	_____

**Description of Discharge**

Provide a drawing of your operation on the back of this sheet, or attach a separate sheet.

Show all outfalls &amp; monitoring locations.

Include all waste stream discharges (e.g. tailraces of holding ponds, settling basins, laboratories, leaks)**Attach map**

Include an area map based upon a map of the US Geologic Survey (USGS) with a scale of at least 1:24,000.

Water sources should include water right numbers.

Name(s) of Receiving Water to which Facility Discharges: Clear LakeName of Larger Stream/River Downstream: Snake River



**Water Sources & Flow through the Facility & Time Period**

For each source, indicate minimum & maximum flow and the period in which that source contributes the flow  
(e.g., 12 cfs minimum, & 15 cfs maximum between June 15 & September 30 in a typical year from "True Springs")

<b>Primary Source:</b> Spring	<b>Min. Flow:</b> 0.00232	<b>Max Flow:</b> 0.02254	<b>Period:</b> 365 Days per Year
<b>Secondary Source:</b>	<b>Min. Flow:</b>	<b>Max Flow:</b>	<b>Period:</b>

**Signature & Certification by authorized representative for Permittee (see Section VII.E of there Permit):**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

<b>Signature:</b> 	<b>Title/Company:</b> President  <i>Blanco Trout Co.</i>	
<b>Print Name:</b> Anita Kay Hardy	<b>Date:</b> 5-31-12	<b>Check One:</b> Owner Operator 